MARYLAND STATE DEPARTMENT OF HEALTH

11740

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel; LENGTH OF STAY in this place 11 Mos. 2 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) South Orange; STREET ADDRESS (Or rural, give location) 157 Ralston Ave.

3. NAME OF DECEASED (Type or Print): (First) JANE (Middle) G. (Last) ADAMS

4. DATE OF DEATH: (Month) October (Day) 5 (Year) 1952

SEX: Female | 6. COLOR OR RACE: White | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH: 6-21-1874 | 9. AGE last birthday: 78 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): New Jersey Waverly N.Y. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James Guyer | 14. MOTHER'S MAIDEN NAME: Harriet E. Hunter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify yes, no or unknown) (If yes, give war or dates of service): Do not know | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Edwin S. Adams 4308 Rugby Rd. Balto. Md. 4303

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	Many Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arteriosclerosis	" "
2347	(c) Psychosis with Cerebral Arteriosclerosis	8 Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-3, 1951, to 10-5, 1952, that I last saw the deceased alive on 10-5, 1952, and that death occurred at 9:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James P. Hinde	M.D.	Laurel Sanitarium, Laurel, Md.	10-5-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/8/52	Albany Rural Cemetery	Waverly New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
OCT 7-52	M. Bachrach	De Witt Donaldson	Laurel Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT
BUREAU N. E.

MARYLAND STATE DEPARTMENT OF HEALTH

11741

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 342

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arden; LENGTH OF STAY (In this place) Abt. 1 yr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arden; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sadye	Jones	Al&Brooks	10	28	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Widowed	July 12, 1883	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maid	Dept. Store	Washington D.C.	U.S.A.

13. FATHER'S NAME: William H. Jones

14. MOTHER'S MAIDEN NAME: Louise M. Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	577-07-0274	Estelle C. Harris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary Thrombosis	8 hours
Antecedent cause(s) (b)	Myocardial Insufficiency	1 year
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Arteriosclerotic Heart Disease	3 years

420.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Nov., 1949, to Oct. 28, 1952, that I last saw the deceased alive on Oct. 28, 1952, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Theodus R. Conner	M.D.	Bowie, Md	10/28/52

23. BURIAL / CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	10-31-52	Arlington National	Arlington	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 29 1952	Carrie F. Campbell	W. Ernest Harris Co. Inc.	1432 You Street, N.W.

RECEIVED
NOV
BUREAU V. S.

Items 9, 10b Film G148 11/6/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11743 7/45

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 15 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 6703 Redfield ave.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) B (Last) ANDERSON

4. DATE OF DEATH: (Month) Oct. (Day) 28 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Dec. 29 1875

9. AGE last birthday: 76 77 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Timmonsville S.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas anderson

14. MOTHER'S MAIDEN NAME: Mary Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Ernest Johnson; Franklin Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

201X
Immediate cause (a) Hodgkins Disease DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug....., 19 52, to Oct. 28, 19 52, that I last saw the deceased alive on Oct. 27, 19 52, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Leland S. Madden M.D. 1531 Varnum St. N.E. Wash. D.C.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 31/52	Fort Lincoln	Washington D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10-28-52	Amanda Downey	Joseph F. Birch's Sons
10-30-52	James Seeley	3034 M. St. N.W. Wash. D. C.

RECEIVED
OCT 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12042

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AIR 8-51

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (rural)
LENGTH OF STAY (in this place): 1 yr., 8 mo., and 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D. C. COUNTY: -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 612 8th St., N. E.

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) (Last) ARNONE

4. DATE OF DEATH: (Month) Oct. (Day) 31st (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	Single	2/2/1904	48 yrs.	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Plasterer	James Arnone Co.	Frostburg, Md.	USA

13. FATHER'S NAME: Peter Arnone

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No -	577-18-0239	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
002X Immediate cause	(a) Pulmonary Tuberculosis	1 yr 10 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Feb. 28th, 1951, to Oct. 31st, 1952, that I last saw the deceased alive on Oct. 31st, 1952, and that death occurred at 7:25 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Daniel Leo Finucane, M.D. Glenn Dale Sanatorium, Glenn Dale, Md. 10/31/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-1-52 11/4/52	Fort Lincoln	Colmar Manor, Pr. Geo.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/3/52	[illegible]	J. Wm. Lee Sons Co.	Wash, D C

RECEIVED
NOV 13
BUREAU V. A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11744

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DISTRICT HEIGHTHS
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DISTRICT HEIGHTHS
STREET ADDRESS (If rural, give location) 7208 HALLECK ST

3. NAME OF DECEASED: (Type or Print) (First) LEMMA (Middle) MYRTLE (Last) ATKINS

4. DATE OF DEATH: (Month) OCT (Day) 23 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: MAY 24 1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): GOSHEN VA.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: OLIVER P. CRITZER

14. MOTHER'S MAIDEN NAME: SALLIE C. TYREE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MRS. P. E. CLARK. 7208 HALLECK ST DISTRICT HEIGHTHS MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Hypertensive arterio-Sclerotic Heart Disease	5 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary Insufficiency	2-3 years
	DUE TO (c) Coronary Occlusion	6 Days.
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonia, Bronchial	4 weeks

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NO

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Oct 23, 1952, that I last saw the deceased alive on 22 Oct, 1952, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Sidney W. Lowry M.D. 7601-Baleway Blvd. Wash. 28 DC 10-23-52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: OCT 27 1952

NAME OF CEMETERY OR CREMATORY: CEDAR Hill

LOCATION (City, town, or county) (State): SUITLAND MD.

DATE REC'D BY LOCAL REG. Oct 24 52

REGISTRAR'S SIGNATURE: Edna F. Clark

24. FUNERAL DIRECTOR ADDRESS: S. H. Hines Co 2901 14th St N. W WASHINGTON D.C.

VS-A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Cheverly
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George's General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tuxedo
STREET ADDRESS (If rural, give location): 5904 Arbor St.

3. NAME OF DECEASED: (First) George (Middle) Thomas (Last) Bachman
4. DATE OF DEATH: (Month) Oct. (Day) 1 (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —
8. DATE OF BIRTH: Sept. 26 1952
9. AGE last birthday: ✓ yrs. IF UNDER 1 YEAR: Months — Days 4 IF UNDER 24 HRS.: Hours 1 Min. 05
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): Cheverly Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George A. Bachman
14. MOTHER'S MAIDEN NAME: Elsie May Rupard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: GEORGE U. BACHMAN — 5904 ARBOR ST TUXEDO, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
769.4
Immediate cause (a) Toxemia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
DUE TO
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Premature birth of newborn
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-26, 1952, to 10-1, 1952, that I last saw the deceased alive on 9-29, 1952, and that death occurred at 7:55 A.M., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
John O'Leary M.D. Hyattsville Md. 10-1-52

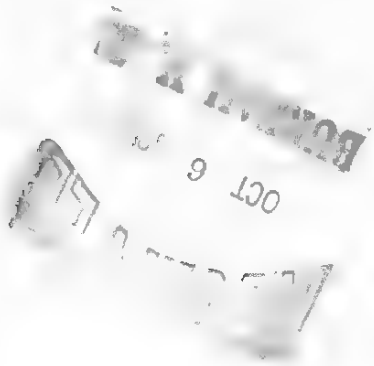
23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10/3/52
NAME OF CEMETERY OR CREMATORY: Epiphany Church Cemetery
LOCATION (City, town, or county) (State): Forestville Pr. Geo. Md.
DATE REC'D BY LOCAL REG.: 10/3/52
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: W. W. Chambers Co — ADDRESS: Riverdale, Md.

20921913+3

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


OCT 6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: AB

1. PLACE OF DEATH
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Andrews AFB
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
[illegible]	[illegible]	[illegible]	Oct	[illegible]	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
[illegible]	[illegible]	[illegible]	[illegible]	6 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
[illegible]	[illegible]	[illegible]	USA

13. FATHER'S NAME [illegible]

14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
[illegible]	[illegible]	[illegible]	[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) [illegible]	[illegible]
6444 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) [illegible]	[illegible]
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death,

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
[illegible]	[illegible]	52	[illegible] a.m.			[illegible]

22. I hereby certify that I attended the deceased from [illegible], 19..., to [illegible], 19..., that I last saw the deceased alive on [illegible], 19..., and that death occurred at [illegible] a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
[illegible] Capt USAF(MC)	1100th Medical Group Andrews AFB, Washington, D.C.	13 Oct 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	10-14-52	[illegible]	Ft. Dodge, Iowa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
13 Oct 52	Alma R Hall	Chambers, Penn. Ave., [illegible]	[illegible]

Y SENT TO LOCAL REGISTRAR No. DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Geo. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cheverly
LENGTH OF STAY (in this place) 24 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location) Box 148

3. NAME OF DECEASED: (Type or Print) (First) Georgianna (Middle) (Last) Barnes

4. DATE OF DEATH: (Month) Oct. (Day) 30 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 9-28-84

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Brooks

14. MOTHER'S MAIDEN NAME: Rachel Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Richard Barnes (Bowie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Myocardial Infarction

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hemiplegia

DUE TO

(c) Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH: (a) 24 hrs. (b) " (c) Yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. "

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 19 52, to Oct 30, 19 52, that I last saw the deceased alive on Oct 29, 19 52, and that death occurred at 9:10 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Leo V. Tunis M.D. Bowie, Md. Nov 1 52

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF Nov. 3 1952 NAME OF CEMETERY OR CREMATORY Pleasant Grove LOCATION (City, town, or county) Bowie (State) Md.

DATE REC'D BY LOCAL REG. Nov 3, 1952 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR J. T. Johnson ADDRESS Annapolis

11/4/52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY P.G. — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro, Rfd
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Chas. (Middle) Henry (Last) Bell

4. DATE OF DEATH: (Month) Oct (Day) 1 (Year) 1952

5. SEX: M — 6. COLOR OR RACE: Col — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH: Aug 15, 1910 — 9. AGE last birthday: 42 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stable Hand — 10b. KIND OF BUSINESS OR INDUSTRY: Race Track — 11. BIRTHPLACE (State or foreign country): Md — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm Bell — 14. MOTHER'S MAIDEN NAME: Carrie Freeland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Carrie Mackall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cachexia & Anoxia — 2 wks

Antecedent cause(s) Diseases or cond'tions, if any, giving rise to the above cause stating the underlying cause last (b) Bilat. Pulm. TBc — 8 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1952 to 30 Sept, 1952, that I last saw the deceased alive on 30 Sept, 1952, and that death occurred at 1:00 P m., from the causes and on the date stated above.

SIGNATURE: Wm F. Tanner — (Degree or title) M.D. — ADDRESS: Upper Marlboro, Md — DATE SIGNED: 30 Oct 52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Oct. 4 1952 — NAME OF CEMETERY OR CREMATORY: Union Cem. — LOCATION (City, town, or county): Upper Marlboro — (State): Md

DATE REC'D BY LOCAL REG.: Oct. 4, 1952 — REGISTRAR'S SIGNATURE: John F. Danner. — 24. FUNERAL DIRECTOR: J. D. Johnson — ADDRESS: Annapolis

Oct 9. 1952

VS. A15

OCT
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 - 8-51

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Riverdale
LENGTH OF STAY (in this place) 11 years 35 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10305 Pearce Drive

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) C (Last) Bramhall

4. DATE OF DEATH: (Month) 10 (Day) 11 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 7 1879

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY? Fed. Govt.

11. BIRTHPLACE (State or foreign country): Emmorville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hollis M. Bark (Same address)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Congestive Heart failure — Interval Between Onset and Death: 3-6 hr

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Coronary insufficiency

DUE TO

(c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1952, to Oct 11, 1952, that I last saw the deceased alive on Oct 10, 1952, and that death occurred at 2:25 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Nathan A. Saxon, M.D. ADDRESS 7044-A Carroll Ave. DATE SIGNED Oct 11, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Oct 14 1952 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cem — LOCATION (City, town, or county) (State) Hartland Md

DATE REC'D BY LOCAL REG. Oct 11, 1952 — REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR W. H. Hume & Co. ADDRESS 2901 14th N.W.

OCT 1936
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4903 Riverdale Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Md
STREET ADDRESS (If rural, give location) 4903 Riverdale Road

3. NAME OF DECEASED: (Type or Print) (First) Asa (Middle) Samuel (Last) Brockman

4. DATE OF DEATH: (Month) Oct (Day) 13 (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	Married	Oct 31, 1891	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Yard conductor	Washington Terminal	Virginia	U S A

13. FATHER'S NAME: Albert Brockman

14. MOTHER'S MAIDEN NAME: Cordelia Estes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Alice Brockman Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

1 day
Immediate cause (a) Carcinoma of Lung c — DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Metastasis — DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10, 1952, to 10-13, 1952, that I last saw the deceased alive on 10-11, 1952, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Dept Health ADDRESS Hyattsville Md DATE SIGNED 10-14-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/15/52	Herndon	Virginia

DATE REC'D BY LOCAL REG. Oct 15 1952 — REGISTRAR'S SIGNATURE James Devers

24. FUNERAL DIRECTOR F Bascom Sons Hyattsville Md — ADDRESS

OCT 16

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco — LENGTH OF STAY (In this place) 12 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eagle Harbor Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco
STREET ADDRESS (If rural, give location) Eagle Harbor Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Arthur	Louis	Brown	10	18	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Single	10/6/52			13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Maryland	U. S. a

13. FATHER'S NAME Leo Brown

14. MOTHER'S MAIDEN NAME Virginia Lee Douglas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Virginia Brown, Aquasco, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Dyspnia, exhaustion

764.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute gastro-enteritis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James H Boyd	M.D	Forestville Md	10-18-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 18-52	John Wesley Cem.	Aquasco Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 18, 1952	F. H. Billingsley	Acting-Leo Brown	Aquasco Md

45-220-40V

VS. A15A

Item 8 File 147 10/20/ 2 whw [illegible] film [illegible]

ITEM 7: film G 151 3-12-53 L

371

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bettsville — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Canary Drinker Camp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN No definite residence
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) A. (Last) Brown

4. DATE OF DEATH: (Month) Oct (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 4-19-~~52~~ 06

9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Piano tuner

10b. KIND OF BUSINESS OR INDUSTRY: Self.

11. BIRTHPLACE (State or foreign country): Springfield- Mass

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Brown

14. MOTHER'S MAIDEN NAME: Martha H. Obde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Alice M. Sabato - Weathersfield, Conn.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage + shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ruptured esophageal varix

(c) Cirrhosis of liver -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney, M.D. Dep. Med. Exam. - Hyattsville, Md. - 10-7-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10 Oct — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REG. 10-9-52 — REGISTRAR'S SIGNATURE: Amanda L. Gorney — 24. FUNERAL DIRECTOR: E. Bosch's Sons — ADDRESS: Hyattsville Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 737

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Pg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosaryville, Md
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosaryville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) BROWN
4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1952
5. SEX: M
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Apr 11 1885
9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: State Roads
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Arthur Brown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Bertha E Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia	1 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Gangrene both feet	6 mo
	(c) Arteriosclerosis - generalized, severe	Unk

450.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Sept, 1952, to 2 Oct, 1952, that I last saw the deceased alive on 2 Oct, 1952, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE: B Bi Tanner (Degree or title): MD ADDRESS: Upper Marlboro Md DATE SIGNED: Oct 4, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10/8/52
NAME OF CEMETERY OR CREMATORY: Rosaryville
LOCATION (City, town, or county) (State): Rosaryville Md
DATE REC'D BY LOCAL REG.: Oct 4 1952
REGISTRAR'S SIGNATURE: John F. Tanner
24. FUNERAL DIRECTOR: Rollins Funeral Home ADDRESS: 4339 Hunt Pl. N.E. D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.-A16A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 30 D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landham
STREET ADDRESS (If rural, give location) Good Luck Road

3. NAME OF DECEASED (Type or Print): (First) William — (Middle) Odysseus — (Last) Burbage

4. DATE OF DEATH: (Month) Oct — (Day) 30 — (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-28-04

9. AGE last birthday: 48 yrs. — If under 1 year: Months — If under 24 hrs: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mike C. Burbage

14. MOTHER'S MAIDEN NAME: Ellen C. Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 579-07-2722

17. INFORMANT AND ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. Hyattsville, Md 11-1-52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: Nov 4, 1952 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG. Nov 4/52 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS: Parade Sm Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 4½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3304 Lawrence Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 222 Crestmoor Dr. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Geoffrey	Bush	10	17	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	S	11/27/49	2 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Bush
14. MOTHER'S MAIDEN NAME: Ethel Klinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mr. George Bush, 222 Crestmoor Circle Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Dehydration + Marasmus — 2 weeks

289.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Astrochondrodystrophy — 2 months
(c) Upper respiratory infection — 4 days.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Retarded growth + development.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

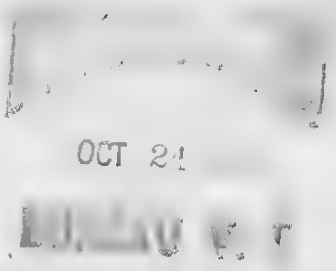
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 8, 1952, to Oct 17, 1952, that I last saw the deceased alive on Oct 17, 1952, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
L Courtney Jason Lee MD 931 Pershing Dr. Silver Spring Md 10/18/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	10/18/52	Ft. Lincoln Crematory	Prince Geo. County, Md.

DATE REC'D BY LOCAL REG. Oct 22 1952
REGISTRAR'S SIGNATURE James Devery
24. FUNERAL DIRECTOR Warner & Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.


OCT 21

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (In this place) 5 mos. 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6703 Oger Road (Home) 3415 [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lamar	Evans	Bush	10	16	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	2/21/52	yrs.	7	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Marvin B. Bush	Margaret B. Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Aganin (Congenital heart disease) — little on

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital blindness

(c) Respiratory and Cardiac Arrest

7631

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10/9, 1952, to 10/16, 1952, that I last saw the deceased alive on 10/16, 1952, and that death occurred at 10-15 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas A. Christensen	MD	College Park, Md.	10/16/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	10/16/52		Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/16/52	Amanda Downey	W. H. Hines Co.	2901 14th St NW
10/17/52	James Sevens		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item if information is correct. The age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16 8-51

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Riverdale Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt Md
STREET ADDRESS (If rural, give location): 35 E Ridge Rd

3. NAME OF DECEASED: (First) HOWARD (Middle) ARTHUR (Last) CARR
4. DATE OF DEATH: (Month) Oct. (Day) 16 (Year) 1952.
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8/16/93.
9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer
10b. KIND OF BUSINESS OR INDUSTRY: U.S Government
11. BIRTHPLACE (State or foreign country): Chester, Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Christopher Carr
14. MOTHER'S MAIDEN NAME: Lola Hurry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: E Roberta Carr Greenbelt Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Acute Cardiac Failure — DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary Thrombosis — DUE TO
260.7 (c) Gen. Arterio-sclerosis.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to Oct. 16, 1952., that I last saw the deceased alive on Oct. 16, 1952., and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
William M. Eisen M.D. 30-B Ridge Rd. Greenbelt Md 10-17-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 10/21/52
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. Oct 21, 1952
REGISTRAR'S SIGNATURE: James Sevely
24. FUNERAL DIRECTOR: J Gaschi sons Hyattsville Md
ADDRESS

1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY P.G. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Upper Marlboro
LENGTH OF STAY (In this place) 8 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY PG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Upper Marlboro
STREET ADDRESS (If rural, give location) R. Trumps Hill

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Deborah	Jean	Coogan		Oct	25	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Single	6 July 52	— yrs.	3	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Joseph Coogan
14. MOTHER'S MAIDEN NAME Frances Boykin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Frances Boykin UPPER MARLBORO

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bilateral Broncho-pneumonia — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

491X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Otitis Media — 4 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED: While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 21 Oct, 1952, to 25 Oct, 1952, that I last saw the deceased alive on 24 Oct, 1952, and that death occurred at 7 15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert B. Cassou	MD	Upper Marlboro Md.	Oct 25, 1952.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	10-29-52	ARLINGTON NATIONAL ARLINGTON		VA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 27, 1952	John F. Danner	Ritchie Bros. - Upper Marlboro	MD.

20721923335

OCT 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Prince George's — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN Riverdale md. — LENGTH OF STAY (in this place) 4 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring md.

STREET ADDRESS (If rural, give location) 1010 Dale Drive. ✓

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, X WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Anna Charlotte Davidson.	Oct 6 1952	Female	White		December 6, 1880	71 yrs.	10 / 0	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore md.	Yes

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Baer.	Amber Baer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mr Robert Steele 1010 Dale Dr Silver Spg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
15 min	(a) Carcinoma of Bowel with	3 yrs
Immediate cause	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) metastases to liver & other organs	2 months
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from July 15, 1952, to Oct 5, 1952, that I last saw the deceased alive on Oct 5, 1952, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Philip E. Jones M.D	918 Ellsworth Drive Silver Spring Md	Oct 6, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	October 9 1952	Baltimore Cemetery	Loch Raven Blvd Baltimore 12, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/8/52	A. W. Petrich	Albert L. Nulty	4642 Belair Road

VS. A-5 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenilworth Md | LENGTH OF STAY (in this place) 4 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1427 Eastern ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY Hillsboro
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tampa Florida
STREET ADDRESS (If rural, give location) 1000 - 19 st ave.

3. NAME OF DECEASED (Type or Print): (First) BENJAMIN (Middle) FRANKLIN (Last) DISNEY
4. DATE OF DEATH (Month) (Day) (Year): Oct 3, 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	12/19/1861	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegraph operator
10b. KIND OF BUSINESS OR INDUSTRY: Penna Railroad Co
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Charles Disney
14. MOTHER'S MAIDEN NAME: Margaret A. Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Minnie Mae Disney Tampa Florida

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio decompensation, right + left — 6 weeks
Antecedent cause (6) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial heart disease — 6 months
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

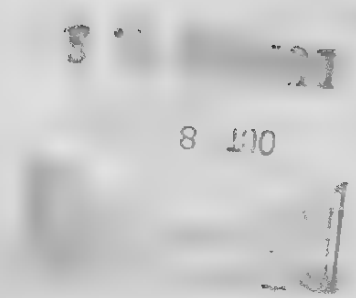
22. I hereby certify that I attended the deceased from Aug 20, 1952, to Oct 3, 1952, that I last saw the deceased alive on Sept 21, 1952, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest E. Counsen	MD	4400 Bowen Rd. SE Wash DC	Oct 3, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/6/52	Methodist Church Cem.	Aventon, Anne Arundel Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/5/52	Amanda Downey	F. Dasch & Sons - Hyattsville, Md.	

Dr. Boyd the coroner gave O.K



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 207 4th St.

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) D. (Last) Davidson
4. DATE OF DEATH: (Month) Oct. (Day) 14 (Year) 19 52

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: March 24 1877
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant retired
10b. KIND OF BUSINESS OR INDUSTRY: grocery
11. BIRTHPLACE (State or foreign country): Laurel Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Calvin W Donaldson
14. MOTHER'S MAIDEN NAME: Virginia Buffington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: L. L. Davidson Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 4 days

331.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — 15 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-4, 1952, to 10-14, 1952 that I last saw the deceased alive on 10-14-52, and that death occurred at 8:45P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John P. Clum M.D. Hyattsville Md 10-14-52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)
Burial 10/17/52 Mt. Hebron Cemetery Laurel, Maryland

DATE REC'D BY LOCAL REG. Oct 16, 1952 — REGISTRAR'S SIGNATURE James Stokes — 24. FUNERAL DIRECTOR — ADDRESS
W. Walter Donaldson Laurel, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville Md
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5703 Jamestown Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville Md
STREET ADDRESS (If rural, give location) 5703 Jamestown Road

3. NAME OF DECEASED: (Type or Print) (First) Linwood (Middle) Emmet (Last) Donaldson

4. DATE OF DEATH: (Month) Oct (Day) 10, (Year) 1952 -- 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 5/28/1903

9. AGE last birthday: 49 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Mins

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Chief of Records

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture Dept'

11. BIRTHPLACE (State or foreign country): Washington D C

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Emmet D Donaldson

14. MOTHER'S MAIDEN NAME: Rose E Brewton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mabel E Donaldson West Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Myocardial Infarction	48 hours
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary arteriosclerotic heart disease	2½ years
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1950, to 10 Oct, 1952, that I last saw the deceased alive on 10 Oct, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John F Brennan Jr. M.D 1704 Michigan Ave N.E Wash D.C 11 Oct 52

23. BURIAL, CREMATION REMOVAL, (Specify): Burial

DATE THEREOF 10/13/52

NAME OF CEMETERY OR CREMATORY Fort Lincoln

LOCATION (City, town, or county) (State) Colmar Manor Maryland.

DATE REC'D BY LOCAL REG. Oct 13 1952

REGISTRAR'S SIGNATURE Mrs Jos. Reese Deputy Local

24. FUNERAL DIRECTOR F Boarman Sons.

ADDRESS Hyattsville Md.

OCT
BU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 5 yrs. 6 mos. 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) Arts Club

3. NAME OF DECEASED (Type or Print): (First) EVELYN (Middle) D. (Last) DRAKE

4. DATE OF DEATH: (Month) 10 (Day) 31 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH: 8-3-1867

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Minor

14. MOTHER'S MAIDEN NAME: Catherine Decker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Elaine Drake, Arts Club, Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis & Endocarditis	Several Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arteriosclerosis	" "
422.1	(c) Cerebral Hemorrhage (Left Hemiplegia)	2 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16-49, to 10-31, 1952, that I last saw the deceased alive on 10-30-, 1952, and that death occurred at 7 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James P. Sands, M.D. Laurel Sanitarium, Laurel, Md. 10-31-1952

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial

DATE THEREOF Nov 3-1952

NAME OF CEMETERY OR CREMATORY Lakewood Park Cem.

LOCATION (City, town, or county) (State) P. G.

DATE REC'D BY LOCAL REG. Oct 31-52

REGISTRAR'S SIGNATURE M. Thrasher

24. FUNERAL DIRECTOR Mitchell-Hyson Co

ADDRESS 1300 N.Y. Ave. N.W. Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brightseat
STREET ADDRESS (If rural, give location) Landover R F D

3. NAME OF DECEASED (Type or Print): (First) James — (Middle) Leo — (Last) Myer
4. DATE OF DEATH: (Month) 10 — (Day) 6 — (Year) 1952

5. SEX: male — 6. COLOR OR RACE: Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single — 8. DATE OF BIRTH: 2/26/47 — 9. AGE Last birthday: 5 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Washington D C — 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James Myer — 14. MOTHER'S MAIDEN NAME: Rosie Ella Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Jamie Myer Landover Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.4

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of skull

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Suitland Road — (CITY OR TOWN) Brightseat — (COUNTY) P.G. — (STATE) Md

TIME OF INJURY (Month) 10 (Day) 5 (Year) 52 (Hour) 7:15 PM — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Pedestrian struck by automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
James J. Boyd — MD — Forestville Md — 10/6/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10-9-52 — NAME OF CEMETERY OR CREMATORY Holy Family Cemetery — LOCATION (City, town, or county) Woodmore, P.G. Co. — (State) Md

DATE REC'D BY LOCAL REG. 10/7/52 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS H.S. Washington & Son 462 N St NE

VS-7A-5A

OCT 8

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camp Kilmer
STREET ADDRESS (If rural, give location) 2266 Personnel Process Squadron

3. NAME OF DECEASED (Type or Print): (First) Norman (Middle) Francis (Last) Fastnaught Jr.

4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-7-1930

9. AGE last birthday: 22 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Air Force

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Norman Francis Fastnaught Jr.

14. MOTHER'S MAIDEN NAME: Virginia Breeden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Current

16. SOCIAL SECURITY NO. 578-40-1521

17. INFORMANT AND ADDRESS: Father Mitchellville, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

13.4 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Extensive hemorrhage into lung tissue

(c) Rupture of heart - liver & spleen

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street — (CITY OR TOWN) New Cardmore - Pr. Geo - (COUNTY) (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 24, 1952 4:40 p.m. | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR? Auto driven by deceased turned over on road

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

John D. Maloney M.D. Lep. Med. Exam. Cheverly Hyattsville Md 10-24-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10/29/52 | NAME OF CEMETERY OR CREMATORY Lexington Park. | LOCATION (City, town, or county) (State) Lexington Park Md.

DATE REC'D BY LOCAL REG. 10/25/52 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR W. W. Chambers | ADDRESS S. 517 U.S. Rt 301

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale; LENGTH OF STAY (In this place) 2 Yrs 5 Mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park Md; STREET ADDRESS (If rural, give location) 6523 C Street,.

3. NAME OF DECEASED (Type or Print): (First) Bonnie (Middle) Lynn (Last) Faulds

4. DATE OF DEATH: (Month) Oct (Day) 20, (Year) 1952- 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5/14/1948

9. AGE last birthday: 4 years; If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Tokoma Park Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Dale Faulds

14. MOTHER'S MAIDEN NAME: Mae A Garrity

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ----

16. SOCIAL SECURITY NO. ----

17. INFORMANT AND ADDRESS: Mae A Garrity Maryland Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Toxemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Burns, involving head, limbs & trunk

(c) Conflagration in automobile

8 24.4

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Hyattsville (COUNTY) Pr Geo (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 10-20-52 1.20 P. m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Conflagration in automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney, M.D. Dr. Med. Exam. Cheverly Md. Oct. 20, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 22 Oct 52 | NAME OF CEMETERY OR CREMATORY Lincoln Cemetery | LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REG. Oct. 22, 1952 | REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local Reg. | 24. FUNERAL DIRECTOR AND ADDRESS E. Davis & Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9413 - Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 9413 - Balto Ave

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) Curtis (Last) FOOTE

4. DATE OF DEATH: (Month) Oct (Day) 21 (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: JAN 17 1898

9. AGE last birthday: 54 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: (SELF) BLDR.

11. BIRTHPLACE (State or foreign country): BUFFALO, N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN M FOOTE

14. MOTHER'S MAIDEN NAME: LILLY ROSAFY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW #1

16. SOCIAL SECURITY NO.: 578-07-3167

17. INFORMANT AND ADDRESS: HENRIETTA FOOTE, COLLEGE PARK, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ACUTE MYOCARDIAL INFARCTION — Interval between onset and death: 10 MIN

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) HYPERTENSIVE CARDIO-VASCULAR DISEASE — 5 YR

44 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN, 19 47, to Oct 13, 19 52, that I last saw the deceased alive on Aug 26, 19 52, and that death occurred at 11 45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. L. Etienne M.D ADDRESS College Park, Md DATE SIGNED 10-31-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov 4, 1952
NAME OF CEMETERY OR CREMATORY: ARL. NAT'L Cemetery
LOCATION (City, town, or county) (State): ARLINGTON, VA.

DATE REC'D BY LOCAL REG.: Nov 1, 1952
REGISTRAR'S SIGNATURE: James Devers

24. FUNERAL DIRECTOR: D.F. Hines Co
ADDRESS: 7201-04 H. Ave Hyatts

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 1 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A46

1. PLACE OF DEATH: COUNTY Prince Ge. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kelna
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr Ge.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kelna
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Eliza	NMI	Ford	Oct	30	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	Col	Widowed	1873	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thos Young	Sarah Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Lloyd Ford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	1hr
442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive CVR disease	Unk
	(c) Mrs Cardiac decompensation	4 mos
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar, 1952, to 30 Oct, 1952, that I last saw the deceased alive on 10 Oct, 1952, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

K B Carver Md Upper Marlboro Md 30 Octor

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-2-52	St. Marys	Croome, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	A. FUNERAL DIRECTOR	ADDRESS
11-1-1952	[illegible]	John T. Stewart	30 N Hall St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-7A15 8-51

1. PLACE OF DEATH:

COUNTY Prince George. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly.

LENGTH OF STAY (in this place) 22 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Prince George

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood

STREET ADDRESS (If rural, give location) 4518 - Rhode Island Ave

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
Sidney GRANT	Oct. 11 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS Hours / Min.
male	Black	Married	June 10-1903	52 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Cleaner-	Sales		

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	?	Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
541.0 Immediate cause	(a) Cardio-Respiratory Failure	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Perforated Gastric Duodenum	12 days
	DUE TO (c) Chronic Duodenal Ulcer	10 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
29 Sept 52	Old duodenal Ulcer	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 20 Sept, 1952, to 11 Oct, 1952, that I last saw the deceased alive on 11 Oct, 1952, and that death occurred at 7.32 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Donald W Mitchell M.D.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	11 Oct 1952	W. Ernest Jarvis Funeral Home	Washington D C

DATE REC'D BY LOCAL REG. Oct 14 1952	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	Amanda Downey	W. Ernest Jarvis Funeral Home	Washington, D.C.

RECEIVED
OCT 15 1952
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2105

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park — LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4402 Buckerman St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
STREET ADDRESS (If rural, give location) 4402 - Buckerman

3. NAME OF DECEASED (Type or Print): (First) Maurice (Middle) (Last) Griffini

4. DATE OF DEATH: (Month) Oct. (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 22 1908

9. AGE last birthday: 44 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Laurence Griffini

14. MOTHER'S MAIDEN NAME: Ellen M. M. Donald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 578-01-3528

17. INFORMANT AND ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure — Interval between onset and death:

4427 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John D. Maloney M.D. Dep. M.C. Exam. Cheverly Md. 10-27-52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

10-30-52 Interment — Walk D.C.

DATE REC'D BY LOCAL REG. Oct 27 1952 — REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR — ADDRESS

Gawler Funeral Home 3131 Rhode Island Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Pr. Georges Co.
City or town: Carmody Hills (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 Years
Hospital, institution, or street address where death occurred: 307—73rd St NE.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Pr. Georges
City or town: Carmody Hills (If outside city or town limits, write RURAL and give nearest town)
Street No.: 309 - 73rd St (If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: Georgiana Grigsby

3.(b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: John Grigsby
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): April 16 1860
8. AGE: Years: 92 Months: Days: If less than one day: hrs. min.
9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: HOMEMAKER
11. Industry or business: Hr Home
12. MOTHER FATHER Name: JAMES HUGHES
13. Birthplace: VA.
14. Maiden name: DELIA LEWIS
15. Birthplace: VA
16. Informant: MRS LILY GRAHAM Address: 309-73rd St N.E. Wash. 19. D.C.
17. (Burial, cremation, or removal. Which?) Burial Date thereof Oct. 27th, 52 (month) (day) (year)
Cemetery or crematory: WASHINGTON NAT'L CEMETERY
Location: SUITLAND PR. GEO. CO. MD
18. Funeral director: W.W. Commodore Co.
Address: Riverdale MD
19. Oct. 24 1952 (Date rec'd by registrar) Carrie S. Campbell (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 23 1952 at 6:00 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 3 1952 to Oct 23 1952 and that I last saw her alive on Oct 21 1952.

Immediate cause of death	DURATION
Congestive Heart Failure	3 Weeks
Due to: Arteriosclerotic Heart Disease	10 Years
Due to:	

Other conditions: 420.0 (Include pregnancy within 3 months of death)
Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. Suit Ritchie M.D. M. D. or other
Address: 7005 Ritchie Rd SE Wash 27 D.C. Date signed: 10/23/52

OCT 28 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 237

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY pr. Geos
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Hall
STREET ADDRESS (If rural, give location) 2001- Owens Road S E.

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) G. (Last) GRIMES
4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan 30 1861
9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Brooklyn N.Y.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George DeRivera
14. MOTHER'S MAIDEN NAME: Elizabeth Frazer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Wm. Cossingham 2001- Owens Rd S E

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis - Senility
(c)
4150.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 17, 1951, to Oct 15, 1952, that I last saw the deceased alive on Oct 10, 1952, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
J Phillips Frohman M D — 2924 Nichols Ave S E — Oct 15-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct 18-52 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery | LOCATION (City, town, or county) (State): Suitland

DATE REC'D BY LOCAL REG. Oct 15-52 | REGISTRAR'S SIGNATURE: Howard I Beach

24. FUNERAL DIRECTOR — ADDRESS: Simmons Bros 2007 Nichols Ave S E Wash D C

TO LOCAL REGISTRATION NO.____DATE_____

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-4-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (If dead on this place) 200.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 2801 - Upshur St

3. NAME OF DECEASED (Type or Print): (First) William — (Middle) R — (Last) Hall Jr.

4. DATE OF DEATH: (Month) Oct (Day) 27 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 14, 20

9. AGE last birthday: 32 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Gen Maintenance

11. BIRTHPLACE (State or foreign country): D. C.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: William R. Hall, Sr.

14. MOTHER'S MAIDEN NAME: Mildred Lee Mulstead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): WW II — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wife - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Nephritis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sodium fluoride poisoning

E971.7

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) Mt. Rainier — (COUNTY) Pr. Geo. — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 10-27-52 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Drank a quantity of Sod. Fluoride sol.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Mahoney, M.D. Dep. Med. Exam. — Cheverly Md. — Oct 27 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Oct 31 1952 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Arlington Nat'l Cem. Arlington — (State) Va.

DATE REC'D BY LOCAL REG. Oct. 29-1952 — REGISTRAR'S SIGNATURE Carrie F. Campbell.

24. FUNERAL DIRECTOR — ADDRESS W. Chambers & Son 517-11th St NE Wash DC

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkway Terrace | LENGTH OF STAY (In this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4401- Compton Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P-G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkway Terrace
STREET ADDRESS (If rural, give location) 4401- Compton Street

3. NAME OF DECEASED (Type or Print): (First) Hugh (Middle) Everett (Last) Haney
4. DATE OF DEATH: (Month) 10 (Day) 16 (Year) 1952
5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (write) widower | 8. DATE OF BIRTH Aug 23, 1913 | 9. AGE last birthday 39 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Business | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Virginia | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Edward C. Haney | 14. MOTHER'S MAIDEN NAME Elizabeth Dempsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Jesse L Haney 2018 Powhattan Rd Ft Washington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James D. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 10/19/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Oct 18, 1952 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. 10-17-52 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR J. Wm Lee Sons Co | ADDRESS Wash. D.C.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6210 Walker Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
STREET ADDRESS (If rural, give location) 6210 Walker Mill Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Edward (Last) Hawkins

4. DATE OF DEATH: (Month) 10 (Day) 1 (Year) 1952

5. SEX male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH May 5, 1879 | 9. AGE last birthday 73 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Govt. | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Hawkins | 14. MOTHER'S MAIDEN NAME Nancy Stevenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS June Roberson - same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

442 X

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Boyd M.D. (Degree or title) ADDRESS Forestville Md. DATE SIGNED 10/1/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 10-4-52 | NAME OF CEMETERY OR CREMATORY Lincoln Cemetery | LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. 10-1-52 | REGISTRAR'S SIGNATURE Carrie F. Campbell | 24. FUNERAL DIRECTOR Myrtle R. Collins ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Item 1 FilmG147 10/23/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Pr Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland Silver Hill; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Geo's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill; STREET ADDRESS (If rural, give location) 4422 St Barnabas Rd S E.

3. NAME OF DECEASED (Type or Print): (First) HANNAh (Middle) Hess (Last)

4. DATE OF DEATH: (Month) Oct (Day) 18 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 22-1877

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Rockcleland, Ill.

12. CITIZEN OF WHAT COUNTRY? U S a

13. FATHER'S NAME: Isaac Halton

14. MOTHER'S MAIDEN NAME: Rose Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Jean Pierson 4422 St Barnabas Road S E

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	1 week
260 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis Gen'lized	1 yr
	(c) Diabetes Mellitus	1 yr

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1957, to Oct 18, 1952, that I last saw the deceased alive on 10-17, 1952 and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John R Haymes 4223 Silver Hill Rd Silver Hill Md 10-18-52

23. BURIAL, CREMATION REMOVAL (Specify); DATE THEREOF; NAME OF CEMETERY OR CREMATORY; LOCATION (City, town, or county) (State)

Buried Oct 20-1952 Cedar Hill Cemetery Suitland Maryland

DATE REC'D BY LOCAL REG. Oct 18-52; REGISTRAR'S SIGNATURE Howard J Bruce; 24. FUNERAL DIRECTOR; ADDRESS

Simmons Brothers 2007 Nichols Ave S E West D.C

LOCAL REGISTRAR No. ____ DATE ____

V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)

LENGTH OF STAY (in this place): 1 yr., 7 mo., and 6 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY —

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 2 Congress Court, N. W.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
DENNIS — HILL	Oct 27th 1952	MALE	NEGRO	Widowed	4/5/1897	55 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Howard University	Leonardtown, Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joe Hill	Eliza Scravell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No —	578-12-1264	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of the esophagus	2 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 4 years and 2 months

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Monday 21st, 1951, to Oct 27th, 1952, that I last saw the deceased alive on Oct 27th, 1952, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

SIGNATURE Daniel Sol Duncan — (DEGREE OR TITLE) M. D. — ADDRESS Glenn Dale Sanatorium, Glenn Dale, Md. — DATE SIGNED 10/27/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	10/28/52		Washington, D.C.

DATE REC'D BY LOCAL REC. 10/28/52 — REGISTRAR'S SIGNATURE Mol Wen

24. FUNERAL DIRECTOR St Joseph's Funeral Home — ADDRESS 306-L St NW Wash. DC

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (In this place) 24yrs. 4mos. 24dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Round Bay, Severna Park, Md.
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EMILY (Middle) H. (Last) HILL

4. DATE OF DEATH: (Month) October (Day) 11 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 8-27-1879

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Henry Hebb — Coal Miner

14. MOTHER'S MAIDEN NAME: F. Emily Turnbull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Norman A. Hill, Round Bay, Severna Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Chronic Myocarditis	Several Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Chronic Endocarditis	1 Year
(c)	Psychosis with Cerebral Arteriosclerosis	10 Years

42201

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9-, 1950, to 10-11-, 1952, that I last saw the deceased alive on 10-10-, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jones P. Sands, M.D. — ADDRESS Laurel Sanitarium, Laurel, Md. — DATE SIGNED 10-11-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: 10/11/52 — NAME OF CEMETERY OR CREMATORY: Loudon Park Crem. — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: October 11, 1952 — REGISTRAR'S SIGNATURE: R.W.S.

24. FUNERAL DIRECTOR — ADDRESS: Wm. J. Pickney & Sons, Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Prince George's — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (rural)

LENGTH OF STAY (in this place): 8 months & 2 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY –

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 52 Myrtle St., N. E.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
WILLIAM	F	HOOD	10	17	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Separated	11/16/16	35 yrs.	–	–	–	–

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Porter	Pullman Co.	Washington, D. C.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Fredrick Hood	Lillian Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No –	Unknown	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) pulmonary tuberculosis	11 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 2-15, 1952, to 10-17, 1952, that I last saw the deceased alive on 10-17, 1952, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

SIGNATURE: Daniel B. Duncan M.D. (DEGREE OR TITLE) ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 10/17/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/22/52.	Arlington Nat Cemetery	Arlington. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR, ADDRESS
10/18/52	Abe Weiss	Carver Memorial Funeral Services 29-N St NW Wash. DC.

OCT 23 1952
BUREAU V. S.

REPLACEMENT CERTIFICATE; original certificate lost in transit. 12/2/52 LL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1204

CERTIFICATE OF DEATH

Reg. Dist. No. ....

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lar.5
LENGTH OF STAY (In this place) resid
HOSPITAL OR INSTITUTION OR STREET ADDRESS Largo Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Star Lane
STREET ADDRESS (If rural, give location) 5005 40th Place,.

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) (Last) Horson

4. DATE OF DEATH (Month) (Day) (Year): Oct 24, 1952 - 19

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid
8. DATE OF BIRTH: ay 2, 1911
9. AGE last birthday: 41 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Ice Cream Store
11. BIRTHPLACE (State or foreign country): Louisanna
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: ? Mc Mills
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Willard Horson Hyattsville Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest, fractured skull

8234 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Largo Rd. (CITY OR TOWN) Largo (COUNTY) P. G. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 10 24 52 12:30 A
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Driver of a car that ran off the road and struck a fixed object

22. *I certify that I took charge of the remains described above, held an Autopsy ..., Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James H Bond (Degree or title) M.D. ADDRESS Forestville, Md. DATE SIGNED 10/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) Trial | DATE THEREOF Oct 27, 1952 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery | LOCATION (City, town, or county) Colmar Manor Maryland

DATE REC'D BY LOCAL REG. Dec 1 1952 | REGISTRAR'S SIGNATURE A M Heiner | 24. FUNERAL DIRECTOR F Bacchi's Sons | ADDRESS Hyattsville Md.

This certificate is made to replace one that was lost by the Maryland State Department of Health and is a duplicate of the certificate that was filed with the local registrar.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]52

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Md; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georgis Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Md; STREET ADDRESS (If rural give location) 5410 - Riverdale Rd.

3. NAME OF DECEASED (Type or Print): (First) PLEASANT (Middle) MONROE (Last) HOWARD

4. DATE OF DEATH: (Month) Oct (Day) 18, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 4/14/1883

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life (even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Holmes Bread Salesman

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Howard

14. MOTHER'S MAIDEN NAME: Jessie Stafford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Stafford Howard Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 420 DUE TO Coronary Occlusion, Congestion

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arteriosclerotic heart Disease

(c) Arrest

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5 ..., 1951, to 10-18, 1952, that I last saw the deceased alive on 10-18, 1952, and that death occurred at 4.30 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis Magaziner MD — ADDRESS 3210 38th Ave — DATE SIGNED 10-20-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/21/52 — NAME OF CEMETERY OR CREMATORY Ft Lincoln — LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR 10/19/52 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F Bucchioni Hyattsville — ADDRESS Md

VS. A-5

OCT 22 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15. 8-51

1. PLACE OF DEATH:

COUNTY Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Glenn Dale (rural)

LENGTH OF STAY (in this place) 7 months & 12 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY -

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 1408 Delafield Pl., N. W.

3. NAME OF DECEASED: (First) Faith (Middle) T (Last) JENKINS.

4. DATE OF DEATH: (Month) 10 (Day) 28 (Year) 19 52.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	Widowed	8/16/72	80 yrs.	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Saleslady	W.&L. Dept. Store	Rainesboro, Ohio	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Granville Umensetter	Edna Depew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	-	None	Jane L. Sidell - Address unknown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0 Immediate cause (a) Arterio sclerotic Heart Disease — Interval Between Onset and Death: 10 yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

002 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — undetermined

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/16, 19 52, to 10/28, 19 52, that I last saw the deceased alive on 10/28, 19 52, and that death occurred at 11:15 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Daniel Leo Finucane M.D. Glenn Dale Sanatorium, Glenn Dale, Md. 10/20/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/30/52.	Cedar Hill	Prince George Ct. Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/28/52	[illegible]	Takoma Funeral Home	254 Carroll Ave Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillcrest Heights; LENGTH OF STAY (in this place) 8 Mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) 2543 Keating St. S.E.

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) (Last) KEIGHLEY, SR.

4. DATE OF DEATH (Month) Oct. (Day) 14, (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	MARRIED	1886	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PURCHASING AGENT	GOVT.	ENGLAND	U.S.

13. FATHER'S NAME: Wm KEIGHLEY

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: ETHEL KEIGHLEY 2543 Keating St. S.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebrovascular accident	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	2 yr.
	(c)	

321X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1950, to Oct 19, 1952; that I last saw the deceased alive on 10-19, 1952, and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE Paul S. Trieschmann (Degree or title) MD ADDRESS 3409 Wisconsin Ave DATE SIGNED 10-19-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Oct 22-52	Nash National	Lintland MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 19-52	Edna F. Holmes	J. Wm Lee Sons	300-4th St. S.E. Washington D.C.

VS. A15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 28 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

VS. A1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince Geo Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 6503 - 44th Ave

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) MAY (Last) KIENY

4. DATE OF DEATH: (Month) 10 (Day) 25 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: JAN 26 1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHRISTIAN KIENY

14. MOTHER'S MAIDEN NAME: MARGARET PINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: MRS HARRY BURGESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinoma of Sigmoid

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Interval Between Onset And Death: 2 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15, 1950, to 10/25, 1952, that I last saw the deceased alive on 10/24 1952, and that death occurred at 9.45 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis Mendel M.D. ADDRESS College Park Md DATE SIGNED 10/25/52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 10-28-52 NAME OF CEMETERY OR CREMATORY Prospect Hill Cem LOCATION (CITY OR TOWN) WASHINGTON, D.C.

23. SIGNATURE OF LOCAL REGISTRAR'S SIGNATURE Oct 26 1952 James Dercy

24. FUNERAL DIRECTOR Thos H Hines Co 1901-14th St N.W.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-72

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Connody — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 522-72nd Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Connody Hills
STREET ADDRESS 522-72 Street (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Kathleen	M	Kilby	10	16	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year Months	Days	If under 24 hrs Hours	Min.
Female	White	Single	3-17-52	0				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Eugene A. Kilby	Patricia Gleason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs Patricia Kilby same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tofsemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia

(c)

47.X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James H Ford	M D	Forestville Md	10/16/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county)	(State)
Burial	10/17/52	Cedar Hill	Lanham	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
(Last) 10-5-52	Lewis J. Wolfe Jr.	F. Kesecker Sons	Hyattsville Md

VS. A15A

2C 32213405

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 342

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-ATBA

1. PLACE OF DEATH
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cornely Hills
LENGTH OF STAY (In this place) 14 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7304 - C Stuart

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give near(est town) OR TOWN Cornely Hills
STREET ADDRESS (If rural, give location) 7304 - C Stuart

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Raymond	Willard	Koerner	10	27	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Oct 12 1898	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Carpenter	Construction	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	578-01-3877	Bertha Koerner - same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

442X

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection __, Inquiry (✓) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes (✓), accident ☐, suicide ☐, homicide ☐, undetermined __.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd M.D		Forestville and	10/27/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/30/52	Mt. Nebo	Landover	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 29-1952	Carrie J. Amphlett	H. W. Chambers Co.	5171 Pa. Ave. S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the month of death clearly and legibly.

VS. A-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY in this place 12 Hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier; STREET ADDRESS (If rural, give location) 3100 Webster Street,

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) LENA (Last) KRAMER

4. DATE OF DEATH: (Month) October (Day) 8th, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 12/1879

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Elk River, Minn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Albert Kramer

14. MOTHER'S MAIDEN NAME: Harriett Schwanbeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 163-16-6332

17. INFORMANT: Raymond H. Kramer--3100 Webster St. Mt. Rainier Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	14 hrs.
174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cancer of Uterus	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Oct. 8, 1952, that I last saw the deceased alive on Oct. 8, 1952, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles C. Hageage M.D. Mt. Rainier, Md. Oct. 9, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Oct. 10/1952

NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery

LOCATION (City, town, or county) (State): Tamaqua, Penna.

DATE REC'D BY LOCAL REG. 10/9/52

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: W.W. Chambers Company, Riverdale, Md. ADDRESS

OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silesia — LENGTH OF STAY (In this place) Lifelong
HOSPITAL OR INSTITUTION OR STREET ADDRESS Livingston and Ft. Washington Rds

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 6 9th N. W.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Edward	Marguerite	Lee		10	11	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	White		4/5/35	17 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
[illegible]	School	Pennsylvania	USA

13. FATHER'S NAME: Richard Lee
14. MOTHER'S MAIDEN NAME: Marie Neville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Helen Lee, 6 9th St. Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of the skull, crushed chest

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Road	Silesia	P. G.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
10	11	52	1120P			Auto struck tank. Occupant of car that ran off rd

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Conrad D. Boyd M. D.	Forestville, Md.	10/13/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-16-52	Washington Memorial Park	Suitland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/14/52	Amanda Downey Carrie F. Campbell.	W. W. Chamberlain Co.	Wash. D.C.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Hts Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Hts
STREET ADDRESS (If rural, give location) 13 Eye Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Roland	Edgar Lee	Jr.	Oct.	1.	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
M	White		3/21/22	30 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Physician	Public	District Of Columbia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Roland E. Lee	Nora Nothy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Sue R. Lee, [illegible] S. Street S.E. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute carbon monoxide poisoning

(c)

963.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street	(CITY OR TOWN)	(COUNTY)	(STATE)
		District Heights	P. G.	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
10	12	52	5? PM		Ran [illegible] from exhaust into car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
[signature] M. D.	Forestville, Md.	10/15/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/15/52	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-2-52	Amanda Downey	Simmons Bro. 2007 Nichols Ave SE	Washington, DC

Carrie F. Campbell.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2145

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Kenilworth — LENGTH OF STAY (in this place) 1½ hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
STREET ADDRESS (If rural, give location) Ardmore Rd.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Lester (Last) Lewis

4. DATE OF DEATH: (Month) 10 (Day) 28 (Year) 19 52

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 22 Aug 1952

9. AGE last birthday: yrs. 2 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland Montg. Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gordon J. Lewis

14. MOTHER'S MAIDEN NAME: Sally Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mother - Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

571.0

Immediate cause (a) Dehydration — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Acute Gastro Enteritis — 2 days

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 28, 19 52, to Oct 28, 19 52, that I last saw the deceased alive on Oct 28, 19 52, and that death occurred at 3:55 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Lee Malmud — ADDRESS Riverdale, Md. — DATE SIGNED 10-28-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 31 Oct 1952 — NAME OF CEMETERY OR CREMATORY Fairmount Memorial Cemetery — LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REG. Oct. 31, 1952 — REGISTRAR'S SIGNATURE Mrs. Jas. Devere / Deputy Local Reg. — **24. FUNERAL DIRECTOR** J. Wesley Lowe — ADDRESS Hyattsville, Md.

72821 4 96

Dr John Maloney County Medical
examiner Notified

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1b

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 4 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 42 Mellor Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) C. (Last) MENGERS
4. DATE OF DEATH: (Month) 10 (Day) — 1 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		5-29-1871	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Cigar Packer
10b. KIND OF BUSINESS OR INDUSTRY: Cigar Mfg.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John D. Mengers
14. MOTHER'S MAIDEN NAME: Christine Walters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-07-5149
17. INFORMANT AND ADDRESS: J. Louis Mengers — Northwood Cir. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1/2 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arteriosclerosis	many years
	(c) Chronic Myocarditis	" "

4-3-1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ✓

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-31-, 1952, to 10-1-, 1952, that I last saw the deceased alive on 10-1-, 1952, and that death occurred at 6:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED
James P. Sanders M.D. Laurel Sanitarium, Laurel, Md. 10-1-1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	10/3/52	Baltimore Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG. 10/3/52 — REGISTRAR'S SIGNATURE A.O. Redmond Jr. — 24. FUNERAL DIRECTOR AND ADDRESS: HENRY SANDER & SONS, INC. BALTO., 13, MD. — Henry Sander

Items 11, 13-14 Film 5000 9-30-57 g.e

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6321 Central Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant Md
STREET ADDRESS (If rural, give location) 6321 Central Ave

3. NAME OF DECEASED (Type or Print): (First) FRITZ (Middle) W. L. Helm (Last) MERTENS
4. DATE OF DEATH: (Month) Oct. (Day) 16 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 11-1885
9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher
10b. KIND OF BUSINESS OR INDUSTRY: MEAT
11. BIRTHPLACE (State or foreign country): Westphalia Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick H. Mertens
14. MOTHER'S MAIDEN NAME: Lena Lindemann (Austria)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Ruth E. Mertens 6321 Central Ave Seat Pleasant Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Insufficiency
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1951, to Oct 16 1952, that I last saw the deceased alive on Oct 15, 1952, and that death occurred at 5:15 A.m., from the causes and on the date stated above.
SIGNATURE (Degree or title): C. Keene Bowie ADDRESS: 301-B-St NE Wash DC DATH SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct. 18-1952
CEMETERY OR CREMATORY: Washington National
LOCATION (City, town, or county) (State): Suitland Md
DATE REC'D BY LOCAL REGT: Oct. 16. 52
REGISTRAR'S SIGNATURE: Irvine F. Campbell
24. FUNERAL DIRECTOR: Del Funeral Home ADDRESS: 4812 Da Ave NW Wash. D C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 No Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-14

1. PLACE OF DEATH
COUNTY Prince Geo. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel R.F.D. — LENGTH OF STAY (In this place) 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel R.F.D.
STREET ADDRESS (If rural, give location) Brookland Bridge Rd.

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) V. (Last) MILLER

4. DATE OF DEATH (Month) Oct (Day) 14 (Year) 1952

5. SEX female — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH Apr. 27, 1905 — 9. AGE last birthday 47 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Maryland — 12. CITIZEN OF WHAT COUNTRY? yes U.S.

13. FATHER'S NAME David Dietz — 14. MOTHER'S MAIDEN NAME Annie M. Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no — 16. SOCIAL SECURITY NO. none — 17. INFORMANT AND ADDRESS Ola Miller Laurel R.F.D. md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma Brain - Leukemia anaemia	3 mo
Antecedent cause(s)	(b) Carcinoma Mammary Bone	1 yr
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

196 <

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

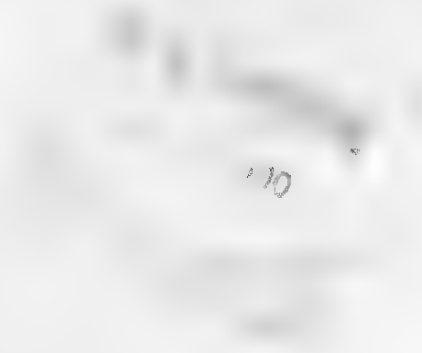
22. I hereby certify that I attended the deceased from 7/31, 1952, to 10/14, 1952, that I last saw the deceased alive on 10/14, 1952, and that death occurred at 3.40 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

W B Johnson — 314 Compton ave Laurel Md — 10/14/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Oct. 17, 1952 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) Cumberland — (State) Md

DATE REC'D BY LOCAL REG. 10/14-52 — REGISTRAR'S SIGNATURE W. Brashears — 24. FUNERAL DIRECTOR Ridgley W. Selby — ADDRESS Laurel md



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Maryland
STREET ADDRESS (If rural, give location) 4511 Underwood Road

3. NAME OF DECEASED: (First) William (Middle) (Last) Mueller

4. DATE OF DEATH: (Month) Oct. (Day) 5, (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: March 30, 1869

9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cigar Manufacture

10b. KIND OF BUSINESS OR INDUSTRY: Cigar Manufacture

11. BIRTHPLACE (State or foreign country): B Germany United States

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Mueller

14. MOTHER'S MAIDEN NAME: Lizzie —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Pulmonary Edema, Arteriosclerotic Heart Disease — Interval between onset and death:

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Acute Urinary Retention, Bilateral Hydro-ureter and Hydronephrosis - DUE TO

(c) Multiple Retention Cysts - Kidney.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/30, 19 52, to 10/5, 19 52, that I last saw the deceased alive on 10/5, 19 52, and that death occurred at 3:25 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

William B. Hagan, M.D. Prince Geo. Gen Hosp. 10-5-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 10-9-52

NAME OF CEMETERY OR CREMATORY Glenwood Cemetary

LOCATION (City, town or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. Oct. 5 1952

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR The S.H. Hines Co.

ADDRESS 2901 14th St N.W. Washington D.C.

10/7/52

VS. A15 8-51

OCT 8 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Bradbury Hgts
LENGTH OF STAY (In this place) 7yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Hgts.
STREET ADDRESS (If rural, give location) 4349 South Dakota Ave. N.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
PEARL	STAMPS	PORTER	Oct	16	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	8/15/96	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	U.S. Govt.	South Carolina	U.S.A.

13. FATHER'S NAME John D. Foster
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes W.W. I	246-01-9712	Annie R. Williams 4349 Sou. Dak. Ave. N.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary occlusion	5 minutes
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary heart disease	6 months
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 14, 1952, to Oct 16, 1952, that I last saw the deceased alive on Oct 4, 1952, and that death occurred at 11:40 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest E. Boulden	MD	4400 Bowen Rd. SE Wash DC	10/10/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/20/52	Arlington Natl.	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 16-52	Carrie F. Campbell	W. W. Chambers Co.	517 11th St. S.E.

Dr. Boyd gave permission for cremation

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oak Crest
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oak Crest
STREET ADDRESS (If rural, give location) Laurel Md RFD

3. NAME OF DECEASED: (First) Rachel (Middle) (Last) Powell
4. DATE OF DEATH: (Month) Oct (Day) 1 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	Widow	Unknown	About 82 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Maryland	

13. FATHER'S NAME: John Junior
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	John Powell,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis, General DUE TO	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Virus Infection 6/24/52

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1940, to Oct 1, 1952, that I last saw the deceased alive on Sept 30, 1952, and that death occurred at 3 P.M. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. M. Warren M.D. ADDRESS Laurel Md DATE SIGNED 10/1/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 4 1952	Bacons	Anne Arundel Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 4-52	M. Brashears	Ridgley Selby	401 Wash. ave Laurel Md

OCT 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

3425

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Defense Heights — LENGTH OF STAY (in this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4714 - 68th Pl.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 518 - 7th St., S.E. ✓

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) E. (Last) RAGLAND

4. DATE OF DEATH: (Month) OCT. (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 13 July 1893

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Type Writer Repairman

10b. KIND OF BUSINESS OR INDUSTRY: Sorgenton Typewriter

11. BIRTHPLACE (State or foreign country): Balto., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unk.

14. MOTHER'S MAIDEN NAME: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Unk. Mrs. M. B. Sorgenton - Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (a)	Myocardial Infarct	acute
DUE TO		
Antecedent cause(s) (b)	Coronary occlusion	acute
DUE TO		
(c)	Cardio - Vascular Renal Disease	4 mo

420.1

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19 52, to Oct 2, 19 52, that I last saw the deceased alive on Oct 2, 19 52, and that death occurred at 8:35 P.m., from the causes and on the date stated above.

SIGNATURE Reuben E. Stone (DEGREE OR TITLE) MD ADDRESS 3417 Minnesota Ave S.E. DATE SIGNED 10-23-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF Oct. 24-52 — NAME OF CEMETERY OR CREMATORY Tom Cook Funeral Home — LOCATION (City, town, or county) (State) Balto. Md

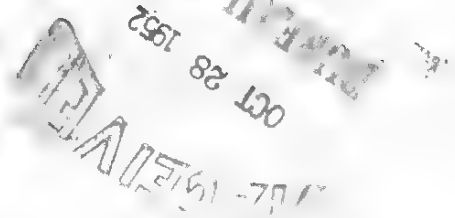
DATE REC'D BY LOCAL REG. 24 Oct 1952 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Tom Cook Inc. — ADDRESS Balto. Md

VS. A15 8-51

Certificate Signed by consent &
Dr. John T. Maloney, Coroner, and
... Deputy Medical Examiner &
Prince George Co., Maryland

Frederick E. Thurlow M.D.
Oct. 23, 1952



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Landover Hills
LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4116-71st ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
STREET ADDRESS (If rural, give location) 4116-71st Ave

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) WASHINGTON (Last) RICHARDSON

4. DATE OF DEATH: (Month) Oct (Day) 6. (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: May 11. 1898

9. AGE last birthday: 53-4 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Guard

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Richardson

14. MOTHER'S MAIDEN NAME: Mary Stein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Gertrude Richardson Landover Hills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
4291 Immediate cause	(a) Coronary occlusion	15 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary insufficiency	10 yrs.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. asthma 15 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16/52, to 10/6/52, that I last saw the deceased alive on 9/18/52, and that death occurred at 11:42 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Frederick E. Munn M.D. 7409 Varnum St. 10/6/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 10/9/52

NAME OF CEMETERY OR CREMATORY Ft Lincoln

LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. 10/8/52

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F Beasley Sons Hyattsville Md (ADDR.)

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Andrews AFB
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE California COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reseda
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) Rex (Middle) D. (Last) Riley
4. DATE OF DEATH: (Month) Oct (Day) 12 (Year) 1952

5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH [illegible]
9. AGE last birthday [illegible] yrs. If under 1 year: Months 3 Days 0 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY USAF
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME Thomas Neal Riley
14. MOTHER'S MAIDEN NAME Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY NO. Unk
17. INFORMANT AND ADDRESS Unk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Evulsion upper 1/3 skull [illegible] — Interval Between Onset and Death [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY [illegible]
(CITY OR TOWN) Andrews AFB, (COUNTY) Prince George, (STATE) Md.

TIME OF INJURY (Month) 10 (Day) 13 (Year) 52 (Hour) 2330 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I attended the deceased from 13 Oct, 19..., to 12 Oct, 19..., that I last saw the deceased alive on 11 Oct, 1952, and that death occurred at 2[illegible]m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) Capt USAF(MC)
ADDRESS [illegible]
DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-14-52
NAME OF CEMETERY OR CREMATORY Unk
LOCATION (City, town, or county) Banning, (State) Calif.

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE Alma R. Hall
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

RECEIVED
OCT 16 1952
BUREAU V. S.

COPY SENT TO LOCAL RE... DATE

VS-A16 8-51
PLEASE -

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5611 Hamilton Manor.

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) H (Last) Roberts.

4. DATE OF DEATH: (Month) Oct. (Day) 4, (Year) 52

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 1-10-1903

9. AGE last birthday: 49 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self employed

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Mich.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: A. J. Roberts

14. MOTHER'S MAIDEN NAME: Mary Bennet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John Patrick Roberts USN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
157	Immediate cause	(a) Carcinoma of the Pancreas with metastasis	3 mos.
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) to liver & intestines	
		DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-19 19 52, to 10-4 19 52, that I last saw the deceased alive on 10-4, 19 52, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Ronald S. Flemer MD 5431 Queens Chapel Rd Hyattsville 10/4/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	10-7-1952	Fort Lincoln Cem.	Prince Georges Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/7/52	Amanda Downey	Joseph Sanders Sons	1756 Pa. Ave. N.W. Wash. D.C.

OCT 8 19[illegible]
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cheverly
LENGTH OF STAY (in this place) 4 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLA COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, R
STREET ADDRESS (If rural, give location) 5812 CARLYLE St.

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Lola Lone Robinson	10 - 11 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Min.
Female	White	Married	March 2, 1909	43 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Greensburg, Pa.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George W. Plumer	Mamie Rhoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		George H. Robinson - husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
44-X Immediate cause	(a) Cerebral Embolism	1/2 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Chronic coronary decompensation	6 yrs.
	DUE TO (c) Hypertension - Obesity	10 yr.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 1-6, 19 49 to 10-11, 19 52, that I last saw the deceased alive on 10-11, 1952, and that death occurred at 2:10 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

M.D. 4314 Rollston St. Hyattsville Md. 10-11-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Oct 14-52	St. Clair Cemetery	Greensburg, Penna

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-11-52	Amanda Downey	J. Wm Lee Sons Co	Wash. D.C.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 5902 Cleveland Ave.

3. NAME OF DECEASED: (Type or Print) (First) Fred (Middle) Carl (Last) Rodenhausen

4. DATE OF DEATH: (Month) Oct. (Day) 22 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 8-17-95

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: University of Maryland

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Mrs. Dorothy R. Shultz - 7308 Edmonston Rd College Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Acute Coronary Thrombosis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

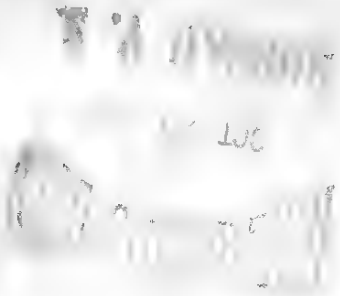
22. I hereby certify that I attended the deceased from 9-10, 19 44, to 10-22, 19 52, that I last saw the deceased alive on 10-21, 19 52, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

C. Hertzler Hattrelle Clinic 10-22-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	10/25/1952	WASH. NAT'L Cemetery	Suitland Pr. Geo. Co.	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-22-52	Amanda Downey	W. W. Chambers Co	Riverdale Md



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2431

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (In this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park
STREET ADDRESS (If rural, give location): 10021 Baltimore Blvd.

3. NAME OF DECEASED (Type or Print): (First) MYRTLE (Middle) M (Last) ROSENFIELD

4. DATE OF DEATH: (Month) October (Day) 27th, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 27/1893

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isam Harris

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Della Croot — Benton Ark.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x

Immediate cause (a): Cerebral Thrombosis — Interval between onset and death: 24 Hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Hypertensive Cardio Vascular Disease — 3 years

(c): Polycystic Kidneys — 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1949, to Oct 27, 1952, that I last saw the deceased alive on Oct 27, 1952, and that death occurred at 2:32 A m., from the causes and on the date stated above.

SIGNATURE: Samuel J. Sugar — (Degree or title): M.D. — ADDRESS: 4300 Kaywood Drive Mt Rainier Md — DATE SIGNED: 10/27/52

23. BURIAL, CREMATION OR REMOVAL (Specify): Cremation — DATE THEREOF: 10/30/1952 — NAME OF CEMETERY OR CREMATORY: Rock Creek Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Suitland Pr. Geo. Md.

DATE REC'D BY LOCAL REG. Oct 29/52 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS: W.W. Chambers Company, Riverdale, Md.

BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (In this place) 2 Mos. 18 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Falls Church
STREET ADDRESS (If rural, give location) 828 Washington Ave

3. NAME OF DECEASED (Type or Print): (First) EDWIN (Middle) SHELTON (Last) RUCKER
4. DATE OF DEATH: (Month) October (Day) 19 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 4-1-1871
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wall Paper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Virginia.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Washington Irving Rucker
14. MOTHER'S MAIDEN NAME: Elizabeth Shelton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Leslie C. Rucker North Arlington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Chronic myocarditis	Several Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Chronic Endocarditis	" "
	(c)	Senility with Cerebral Arteriosclerosis	3½ years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-, 1952, to 10-19, 1952, that I last saw the deceased alive on 10-19, 1952, and that death occurred at 8:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James B. Saude, M.D. Laurel Sanitorium, Laurel, Md. 10-19-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Oct. 19 1952
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Arlington Va.

DATE REC'D BY LOCAL REG. Oct 19-52
REGISTRAR'S SIGNATURE M Brashears
24. FUNERAL DIRECTOR V. P. Dues Inc. ADDRESS 2847 Wilson Blvd. Arlington, Va.

RECEIVED
OCT 22 19
BUREAU V. I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12036

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cheverly
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3128 - 28th St. S.E.

3. NAME OF DECEASED: (First) Carl (Middle) JACOB (Last) Schultz
4. DATE OF DEATH: (Month) 10 (Day) 6 (Year) 1952
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 2-4-14
9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST
10b. KIND OF BUSINESS OR INDUSTRY: NAVAL GUN FACTORY
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Karl Schultz
14. MOTHER'S MAIDEN NAME: Louise Kuckenbecker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs Elizabeth Schultz PATIENT 3128 28th St SE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) LOWER NEPHRON NEPHROSIS, CAUSE UNKNOWN	18 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. SUBTOTAL GASTRIC RESECTION FOR PYLORIC OBSTRUCTION DUE TO SCARRING FROM OLD ULCERS 21 days

19a. DATE OF OPERATION: 9/15/52
19b. MAJOR FINDINGS OF OPERATION: MARKED SCARRING ABOUT PYLORUS DUE TO OLD ULCERS
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1952, to 10/6, 1952, that I last saw the deceased alive on 10/6, 1952, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Norman Dietz Comeau M.D. 3303 Perry St Mt Rainier Md. 10/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10/8/52
NAME OF CEMETERY OR CREMATORY: Oak Lawn
LOCATION (City, town, or county) (State): Wilkes-Barre Pa

DATE REC'D BY LOCAL REG. 10/7/52
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: W. W. Chambers Co.
ADDRESS: 517 11th St SE

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cheverly
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.G. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kildale
STREET ADDRESS (If rural, give location) 4502 Rivendale Rd.

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) F (Last) Scott

4. DATE OF DEATH: (Month) (Day) (Year) 10 - 22 1952

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (W)

8. DATE OF BIRTH: 7-7-68

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): N. Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward B. Minard

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Elsie Scott 4502 Rivendale Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0
Immediate cause (a) Myocardial Infarct, Massive — Interval Between Onset and Death: 5 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteriosclerotic Heart Disease — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1952, to Oct. 22, 1952, that I last saw the deceased alive on Oct. 21, 1952 and that death occurred at 8:20 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Gordon W. Kelly, M.D. 6124-41st Ave. Hyatts. Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Oct 24, 52 — NAME OF CEMETERY OR CREMATORY Weldon N.Y. — LOCATION (City, town, or county) (State) Walden New York

DATE REC'D BY LOCAL REG. 10-22-52 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS Wm. Chambers B. Rivendale Md.

VS-A15 8-51

OCT
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Green Meadows — LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Green Meadows
STREET ADDRESS (If rural give location) 6220 - 20th Ave

3. NAME OF DECEASED: (Type or Print) (First) Stephen (Middle) Edward (Last) Shaw

4. DATE OF DEATH: (Month) 10 (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Dec 17 1867

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Motorman - RR.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Shaw

14. MOTHER'S MAIDEN NAME: Ann -

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO: 578-03-9159

17. INFORMANT & ADDRESS: Mrs Frances Larkin 6220 - 20th St Greenmeadows Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4/20.0

Immediate cause (a) Acute Coronary Infarction

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1951, to Oct 5, 1952, that I last saw the deceased alive on 9/30, 1952, and that death occurred at 1 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Dean H. Harding MD — ADDRESS 113 Carroll St NW Washington DC — DATE SIGNED 10/5/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct 8 1952 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cem. — LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 5 1952 — REGISTRAR'S SIGNATURE Mrs. Jas. Stevens Deputy Registrar — 24. FUNERAL DIRECTOR J. William Lee Sons Co — ADDRESS 300 - 4½ St N.E. Washington D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10/5/52

This physician has talked with the Bruce Hengen County Coroner about 9 am, and he advised that I may sign this certificate.

Dean H Harding MD.

BUREAU V. S.
OCT 7 1952
RECEIVED

Items 2,3 File 117 10/21/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) E Regs (Last) Sherrard

4. DATE OF DEATH: (Month) 10 (Day) 4 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 26 1868

9. AGE last birthday: ~~84~~ 50 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired disable veteran

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Wales

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Noah sherrard

14. MOTHER'S MAIDEN NAME: Martha Reese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) War I

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Record Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Bronchitis — INTERVAL BETWEEN ONSET AND DEATH: 2 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerosis, Bullous Emphysema — 6 yrs.

DUE TO

(c) Arteriosclerotic Heart Disease.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pt. has had twenty-nine operations. Chronic arthritis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 19 52, to 10/4, 19 52, that I last saw the deceased alive on 10/4, 19 52, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE Frederick E Downer (DEGREE OR TITLE) M.D. ADDRESS 7409 Varnum DATE SIGNED 10/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): transportation — DATE THEREOF 10/5/52 — NAME OF CEMETERY OR CREMATORY A Petersburg — LOCATION (City, town, or county) Florida (State)

DATE REC'D BY LOCAL REG. 10-4 52 — REGISTRAR'S SIGNATURE Amanda Downey — **24.** FUNERAL DIRECTOR Frosch's Sons Hyattsville Md — ADDRESS

BUREAU R. I.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (In this place) 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 44 A. Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS 44 A. Street (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Hammond (Last) Smith Jr
4. DATE OF DEATH (Month) Oct (Day) 29 (Year) 19 52
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sing
8. DATE OF BIRTH May 21 1952
9. AGE last birthday yrs. 5 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Hammond Smith, Sr
14. MOTHER'S MAIDEN NAME Esther Mae Sullivan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mother - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Toxemia — Interval Between Onset and Death:

561.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute intestinal obstruction

(c) Strangulated right inguinal hernia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work [ ] Not while at work [ ]
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy [X] Inspection [X] Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X] accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney MD Dep. Med. Exam Hyattsville, Md 10-30-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov 1 1952 — NAME OF CEMETERY OR CREMATORY Lay Hill — LOCATION (City, town, or county) Laurel — (State) Md

DATE REC'D BY LOCAL REG. NOV 1 - 52 — REGISTRAR'S SIGNATURE M. Brashears — 24. FUNERAL DIRECTOR Ridgely Lilly & Windsor — ADDRESS Laurel Md

2052225383

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (In this place) 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7105 New Hampshire Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park.
STREET ADDRESS (If rural, give location) 7105 New Hampshire Ave.

3. NAME OF DECEASED (Type or Print): (First) Anthony (Middle) Eugene (Last) Snowden
4. DATE OF DEATH (Month) Oct (Day) 30 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 19 May 1952
9. AGE last birthday: 5 mos. — If under 1 year: Months — Days — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland Fred. Co.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Arthur H. Snowden Jr.
14. MOTHER'S MAIDEN NAME: Betty R. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Father - home as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Dopemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Bilateral Bronchopneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

John J. Maloney, M.D. Dep. Med. Exam. Hyattsville, Md. 10-30-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/1/52 | NAME OF CEMETERY OR CREMATORY Fairview | LOCATION (City, town, or county) (State) Frederick - Md.

DATE REC'D BY LOCAL REG. 31 October 1952 | REGISTRAR'S SIGNATURE Lewis Berry | 24. FUNERAL DIRECTOR Chas. E. Kirk III Fun. Dir. | ADDRESS

Nov 1, 1952 2052191404

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct entry is especially important. Physicians: Write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Burn-Sh. 9216

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Geo — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md Rt 1 — LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oak Ridge Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Monte
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md. R.F.D. #1
STREET ADDRESS (If rural give location) Oak Ridge Lane

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Green (Last) Stevenson

4. DATE OF DEATH: (Month) 10 (Day) 29 (Year) 1952

5. SEX: Female — 6. COLOR OR RACE: Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow — 8. DATE OF BIRTH: July 31 1862 — 9. AGE last birthday: 90 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Peoria, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: / Hering
14. MOTHER'S MAIDEN NAME: Webb.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs Dunbar Oak Ridge Lane Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X
Immediate cause (a) Bronchopneumonia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Senility and Decubitus
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 20, 1952, to Oct 29, 1952, that I last saw the deceased alive on Oct 27, 1952, and that death occurred at 7 P.M. Oct 29, 1952 from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Dewitt Fox M.D. — ADDRESS Silver Spring, Md — DATE SIGNED 10-29-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct 31, 1952 — NAME OF CEMETERY OR CREMATORY Stanley — LOCATION (City, town, or county) — (State) Va.

DATE REC'D BY LOCAL REGISTRAR Oct 29 1952 — REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR Stanley Undertaking Parlors — ADDRESS 254 Carroll St NW Takoma Park 12, D.C.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; LENGTH OF STAY (In this place) 1yr 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6403 Ager (Not in Hospital)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Falls church
STREET ADDRESS (If rural, give location) 913 Birchwood Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Katherine	Stock	10	16	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	White	Child	9/25/50	2 yrs.	/ 22	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William S. Stock
14. MOTHER'S MAIDEN NAME Katherine W. Wylie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Embolism (Lodged Blood Clot, Hemorrhage, Thrombosis, Thrombus, Embolism)	With in
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Progressive paralysis & respiratory failure	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10/1, 1951, to 10/16, 1952, that I last saw the deceased alive on 10/16, 1952, and that death occurred at 9:40 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas A. Christensen	Sub.	College Park Md	10/16/52

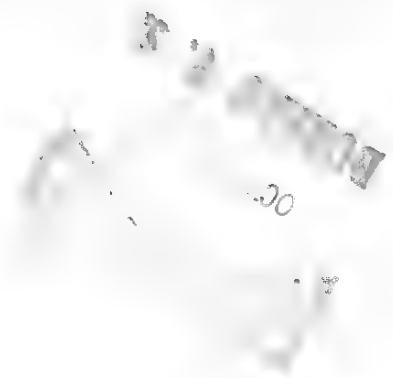
23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/16/52		Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/16/52	Amanda Downey	C. P. Ives, Arlington, Va.	
10/17/52	James Seery		

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2405

1. PLACE OF DEATH
COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jone's Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
STREET ADDRESS (If rural, give location) Sweeney's Farm

3. NAME OF DECEASED (Type or Print): (First) Henrietta (Middle) J (Last) Sweeney

4. DATE OF DEATH (Month) (Day) (Year): Oct 6, 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 5/21/1875

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Mr. Coulter

14. MOTHER'S MAIDEN NAME: ? Basching

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Margaret Pennington Edmonston Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 5-6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension — ?
(c) Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility — ?

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 8, 1952, to 6 Oct, 1952, that I last saw the deceased alive on 6 Oct, 1952, and that death occurred at 6:20 P m., from the causes and on the date stated above.

SIGNATURE: William D. Auf, M.D. (Degree or title) ADDRESS: Silver Spring Md DATE SIGNED: 10-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10/9/52 | NAME OF CEMETERY OR [redacted]: Evergreen | LOCATION (City, town, or county) (State): Bladensburg Md

DATE REC'D BY LOCAL REG.: Oct 8 1952 | REGISTRAR'S SIGNATURE: Laura Neely

24. FUNERAL DIRECTOR: Frank Leone Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 289

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Pr. Geo.'s — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Laurel
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 342 Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS 342 Main St. (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Lonzo (Middle) Ray (Last) Swimley

4. DATE OF DEATH: (Month) Oct. (Day) 29 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	White	Married	Feb. 17, 1881	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Druggist	Drug Store	Forest, Ohio	U.S.A.

13. FATHER'S NAME: Wm Asbury Swimley

14. MOTHER'S MAIDEN NAME: Ellen Hannah Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS
No			Ellen S. Voss, Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	4 hrs
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Myocardial Strain	10 yrs
DUE TO		
	(c) Virus Infection	1 Month

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 12/4 1936, to 10/25 1952, that I last saw the deceased alive on 10/29 1952, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE J M Warren (DEGREE OR TITLE) MD ADDRESS Laurel DATE SIGNED 10/29/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/31/52	Mt. Nebo Memorial Cemetery	Winchester, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
OCT 30 1952	M. Brashears	De Witt Donaldson	Laurel, Md

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Oaks
STREET ADDRESS (If rural, give location) 1304 - 58th Avenue

3. NAME OF DECEASED (Type or Print): (First) James — (Middle) Andrew — (Last) Barry
4. DATE OF DEATH: (Month) 10 — (Day) 10 — (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 11-2-1947
9. AGE last birthday: 4 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Milton Barry
14. MOTHER'S MAIDEN NAME: Lillian Hart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mother - Same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

353.1 **Immediate cause** (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epilepsy (grand mal)

(c) Etiology unknown

If. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental Defective

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. — Cheverly, Md. 10-10-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 10/10/52 — NAME OF CEMETERY OR CREMATORY: L.E. Murray Funeral Home — LOCATION (City, town or county) (State): Cheverly, Md.

DATE REC'D BY LOCAL REG.: 10-10-52 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS: F. Stocks Sons Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Glenn Dale (rural)
LENGTH OF STAY (in this place): 279 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D. C.
STREET ADDRESS (If rural, give location): 1512 Marion Street N.W.

3. NAME OF DECEASED: (First) Louise (Middle) (Last) TERRY

4. DATE OF DEATH: (Month) 10 (Day) 16 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Child

8. DATE OF BIRTH: 2/5/40

9. AGE last birthday: 12 yrs. — IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joe E. Terry

14. MOTHER'S MAIDEN NAME: Amily Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: Joe E. Terry, Father. Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Pulmonary Tuberculosis — DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 10 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 1952, to 10/16, 1952, that I last saw the deceased alive on 10/16, 1952, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Daniel Leo Finucane M.D. — 10/16/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 10/17/52 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 10/16/52 — REGISTRAR'S SIGNATURE: Mae Wells

24. FUNERAL DIRECTOR — ADDRESS: Turgis's Funeral Home 589 R.I. Ave. N.W.

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U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-(A)-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
LENGTH OF STAY (In this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Nurseing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville md
STREET ADDRESS (If rural, give location) 5005 40th Place

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Van Sickler

4. DATE OF DEATH: (Month) Oct (Day) 7, (Year) 1952 — 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Widowed	8/4/1865	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Washington D C	U S A

13. FATHER'S NAME: Charles Bennet

14. MOTHER'S MAIDEN NAME: Alice Shed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: --

17. INFORMANT AND ADDRESS: Elizabeth Banes Hyattsville Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute pulmonary edema	2 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cerebrovascular disease	10 yrs.
	(c) Cerebral vascular accident	3 wks.

44-x

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-20, 1952, to 10-7, 1952, that I last saw the deceased alive on 10-6, 1952, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
K D Somerville	M.D.	4314 Gallatin St. Hyattsville, Md.	10/7/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 10, 1952	Flint Hill	Oakton Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 7, 1952	[illegible]	E Bacchi & Sons	Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md. — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunny Brook
STREET ADDRESS (If rural, give location) 4304 - 54th Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) H. (Last) Vose

4. DATE OF DEATH: (Month) Oct. (Day) 29, (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	MARRIED	April 3, 1897	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY:
MACHINIST	U.S. Naval Gun Factory	N. Y.	U.S.A.

13. FATHER'S NAME: JOHN VOSE

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes.	W.W.I.	NONE	PATIENT & HAROLD R. VOSE 6309 Parkhurst Ave. Port Rich. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
422.0 Immediate cause	(a)	CORONARY THROMBOSIS	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	ARTERIOSCLEROTIC HEART DISEASE	9 years
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-26, 19 52, to 10-29, 19 52, that I last saw the deceased alive on 10-28, 19 52, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Norman Wm. Comeau	Lic D. 3303 Perry St Mt Rainier Md	10/29/52

23. BURIAL, CREMATION OR REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	10/31/1952	ARLINGTON NATL CEM.	ARLINGTON VA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/29/52	Amanda Downey	W.W. CHAMBERS CO.	Riverdale Md

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4323 Madison Street,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4323 Madison Street,

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) RANDOLPH (Last) WALTON

4. DATE OF DEATH (Month) October (Day) 20th, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/23/1873

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Entomologist

10b. KIND OF BUSINESS OR INDUSTRY: US Dept. of Agri.

11. BIRTHPLACE (State or foreign country): Brooklyn, NY.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Walton

14. MOTHER'S MAIDEN NAME: Susan Mae Ardell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mary Agnes Walton, 4323 Madison St. Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of prostate metastasis to lungs	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of prostate

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept1, 1952, to Oct 20, 1952, that I last saw the deceased alive on Oct 20, 1952, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE: Thomas F. [illegible] (Degree or title) M.D. ADDRESS 322 H Street NE DATE SIGNED 10/20/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/23/1952	Fort Lincoln Cemetery	Colmar Manor, Pr.Geo.Md.

DATE REC'D BY LOCAL REG. Oct 22 1952 — REGISTRAR'S SIGNATURE (Mrs. Jas. Severe) Deputy Local

24. FUNERAL DIRECTOR: W.W. Chambers Company, Riverdale, Md. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Hills
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington DC
STREET ADDRESS (If rural, give location) 2814 - 41st St N.W. Washington DC apt 4

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) E (Last) Higgs

4. DATE OF DEATH: (Month) Oct (Day) 14th (Year) 1952

5. SEX: F | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: [illegible] | 9. AGE last birthday: [illegible] yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Washington DC | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Disease	2 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	6 months
	(c) Arteriosclerosis	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1952, to Oct 14, 1952, that I last saw the deceased alive on Oct 17, 1952, and that death occurred at 7.31 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. Wm C. Thompson — 1514 - 30th N.W.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | [illegible] RY OR CREMATORY | LOCATION (City, town, or county) (State)

Oct 17 1952 — Rock Creek Cemetery

DATE REC'D BY LOCAL REG. Oct. 17 1952 | REGISTRAR'S SIGNATURE Mrs. Jas. Devereux Abbott (Local) | 24. FUNERAL DIRECTOR | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (rural)

LENGTH OF STAY (In this place): 4 months and 21 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY —

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 516 Constitution Ave., N. E. ✓

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months Days	IF UNDER 24 HRS.: Hours Min.
GOLDIE WILLIAMS	Oct. 27. 1952	Fem.	White	Single	6. 28. 1887	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk	Hechts Dept. Store	State of Virginia	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William H. Williams	Catherine E. Witt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No —	578-34-1884	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

163X

Immediate cause (a) Alveolar Cell Carcinoma of Rt. Lung — INTERVAL BETWEEN ONSET AND DEATH: 5 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

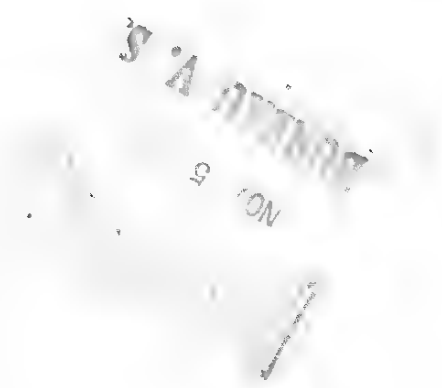
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6. 6. 1952 to 10. 27. 1952, that I last saw the deceased alive on 10. 27. 1952, and that death occurred at 7⁵⁰ P.M., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane — (DEGREE OR TITLE) M. D. — ADDRESS Glenn Dale Sanatorium Glenn Dale, Md. — DATE SIGNED 10/27/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/30/52	Maury	Richmond Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/28/52.	[illegible]	S H Hines	2901-14th NW Wash DC



3-4-141-81

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15a

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2805 - Cheverly Ave -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY "
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 2805 Cheverly Ave

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) (Last) Wilson

4. DATE OF DEATH: (Month) Oct - (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2-28-1898

9. AGE last birthday: 54 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boilermaker

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt -

11. BIRTHPLACE (State or foreign country): Philadelphia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Wilson

14. MOTHER'S MAIDEN NAME: Jennie Hilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Edward Wilson - Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute pulmonary emphysema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Allergic State

(c) Penicillin injection

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home | (CITY OR TOWN) Cheverly - (COUNTY) Pr. Georges - (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 10- 8-52 12 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Allergic reaction to injection of penicillin

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

John D. Maloney M.D Dep. Med. Exam. | Hyattsville Md | 10-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11 Oct 1952 | NAME OF CEMETERY OR CREMATORY: Mt. Lincoln Cemetery | LOCATION (City, town, or county) Colmar Manor, (State) Md.

DATE REC'D BY LOCAL REG. 10/9/52 | REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Lee Funeral Home | ADDRESS: Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Geo; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood; STREET ADDRESS (If rural, give location) 4515 39th Place

3. NAME OF DECEASED (Type or Print): (First) Lydia (Middle) (Last) Woods

4. DATE OF DEATH: (Month) (Day) (Year) October 1, 1952 19

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 31,

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Harrison

14. MOTHER'S MAIDEN NAME: Margaret Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Margurite Piper 4515 39th Place

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Fibro Arthritis of Spine — Interval Between Onset and Death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Hypocandritis

422.2

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 3, 1952, to Oct. 1, 1952, that I last saw the deceased alive on Oct. 1, 1952, and that death occurred at 12:25 P. m., from the causes and on the date stated above.

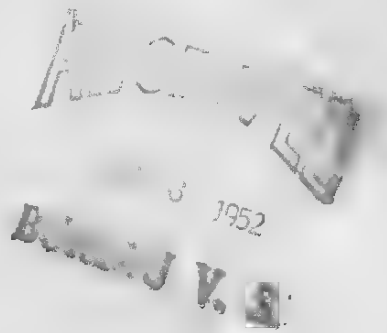
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul E. Piper, M.D. Freedmen Hosp. Oct. 1, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: 10/1/52 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: Oct 1, 1952 | REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR: John T. Stewart ADDRESS: 30 H Street, N.E



MARYLAND STATE DEPARTMENT OF HEALTH

11821

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

3424

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Cardmore; MARYLAND; LENGTH OF STAY (In this place) Transit; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - COUNTY Open Hill; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 65-40 Open Hill Road; STREET ADDRESS (If rural, give location) Open Hill Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
David	Lee	Wright	Oct.	24	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	11-13-33	19 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer - Power & Ward		Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Wright	May Moorman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	571-42-2753	Geo. Moorman - Uncle, 4553 Wheeler Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Hemorrhage & shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured Skull	
(c)	

823.4

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street	(CITY OR TOWN)	(COUNTY)	(STATE)
		Cardmore - Rt Geo -		Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
10-24-52 4.00 p.m.		Passenger in automobile which turned over on road

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney M.D. Dep. Md. Exam.	Chevy Md	10-24-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	24 Oct 52	Lee's Funeral Home	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
24 Oct 1952	Amanda Downey Carrie F. Campbell.	J. Wm. Lee Jones Sr.	300-4th St N.E. Washington D.C.

RECEIVED
OCT 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY Prince George. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cheverly
LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 3212 Tilden St

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) Zwillinger (Last)

4. DATE OF DEATH: (Month) Oct (Day) 25 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 6. 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Hungary

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: (Unknown) Jezso

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Nora Z. Gallagly - 2212 R St. N.W. Wash. D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

181X

Immediate cause (a) Pyonephrosis, bilateral — Interval between onset and death: 6 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Carcinoma, bladder — 2½ yrs.
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Lung abscess, rt. upper lobe; prostatectomy; vesico-vaginal fistula

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr., 1949, to Oct., 1952, that I last saw the deceased alive on 10/24, 1952, and that death occurred at 7.25 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Julius Kaufman, M.D. ADDRESS 5702 Annapolis Rd., Bladensburg Md DATE SIGNED 10/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Oct. 28/1952 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) (State) Suitland, Pr. Geo., Md.

DATE REC'D BY LOCAL REG. 10/26/52 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W.W. Chambers Co — ADDRESS Riverdale, Md.

RECEIVED
OCT 28 1952
BUREAU V. S.